Enrolling in the XDRO Registry and it’s Benefits to Long Term Care

July 17, 2018

Mary Alice Lavin, RN, MJ, CIC, FAPIC
APIC Consulting Services, LLC

No disclosures.
Objectives

- Discuss the steps required for registering for and accessing the Illinois Extensively Drug Resistant Organism (XDRO) Registry.
- Describe how use of the XDRO Registry can be integrated into the admission process.
- State the value the XDRO Registry adds to control of extensively drug resistant organisms.
Emergence and Rapid Regional Spread of KPC Chicago Area, 2008

Won SY et al. CID 2011: 53:532
Original Investigation

New Delhi Metallo-β-Lactamase-Producing Carbapenem-Resistant *Escherichia coli* Associated With Exposure to Duodenoscopes

Lauren Epstein, MD, MSc; Jennifer C. Hunter, DrPH; M. Allison Arwady, MD; Victoria Tsai, MPH; Linda Stein, MPH; Marguerite Gribogiuanni, MPA; Mabel Frias, MPH; Alice Y. Guh, MD; Alison S. Laufer, PhD; Stephanie Black, MD; Massimo Pacilli, MS; Heather Moulton-Meissner, PhD; J. Kamile Rasheed, PhD; Johannetsy J. Avillan, BS; Brandon Kitchel, MS; Brandi M. Limbago, PhD; Duncan MacCannell, PhD; David Lonsway, PhD; Judith Noble-Wang, PhD; Judith Conway, RN; Craig Conover, MD; Michael Vernon, DrPH; Alexander J. Kallen, MD

**IMPORTANCE** Carbapenem-resistant Enterobacteriaceae (CRE) producing the New Delhi metallo-β-lactamase (NDM) are rare in the United States, but have the potential to add to the increasing CRE burden. Previous NDM-producing CRE clusters have been attributed to person-to-person transmission in health care facilities.

**OBJECTIVE** To identify a source for, and interrupt transmission of, NDM-producing CRE in a northeastern Illinois hospital.

**DESIGN, SETTING, AND PARTICIPANTS** Outbreak investigation among 39 case patients at a tertiary care hospital in northeastern Illinois, including a case-control study, infection control assessment, and collection of environmental and device cultures; patient and environmental isolate relatedness was evaluated with pulsed-field gel electrophoresis (PFGE). Following identification of a likely source, targeted patient notification and CRE screening cultures were performed.

**MAIN OUTCOMES AND MEASURES** Association between exposure and acquisition of NDM-producing CRE; results of environmental cultures and organism typing.
A Coordinated Approach to Control

More patients get infections when facilities do not work together.

(Example: 5 years after CRE enters 10 facilities in an area sharing patients)

Common Approach (status quo)

2,000 patients will get CRE.
CRE will impact 12% of patients.

Independent Efforts

1,500 patients will get CRE.
CRE will impact 8% of patients.

Coordinated Approach

400 patients will get CRE.
CRE will impact 2% of patients.

SOURCE: CDC Vital Signs, August 2015.
Facilities work together to protect patients.

Common Approach (Not enough)
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts (Still not enough)
- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or C. difficile germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

☑️ Coordinated Approach (Needed)
- Public health departments track and alert health care facilities to antibiotic-resistant or C. difficile germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.

https://www.cdc.gov/vitalsigns/stop-spread/index.html
MEMORANDUM

To: Hospital Chief Executive Officer, Long Term Acute Care Hospital Executive Officer, Long Term Care Facility Executive Officer, Long Term Care Director of Nursing or Designate, Hospital-affiliated Clinical Laboratory Director, Independent or Free-standing Laboratory Director


From: Mary Driscoll, RN, MPH
Chief, Division of Patient Safety and Quality
Erica Abu-Ghallous, MSN, MPH, RN
HAI Prevention Coordinator, Division of Patient Safety and Quality

Date: September 4, 2013

Subject: XDRO registry

Carbapenem-resistant Enterobacteriaceae (CRE) are considered extensively drug resistant organisms (XDROs) that have few antibiotic treatment options and high mortality rates. CRE are increasingly detected among patients in Illinois, including acute and long term care healthcare facilities.

In response to the CRE public health threat, the Illinois Department of Public Health (IDPH) has amended the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) Rules (see addendum) to require reporting of CREs to IDPH.

All hospitals, hospital-affiliated clinical laboratories, independent or free-standing laboratories
Extensively Drug Resistant Organism Registry

Reporting Rule
Starting November 1, 2013, the first CRE-positive culture per patient stay must be reported to the XDRO registry.

CRE definition
Enterobacteriaceae (e.g., E. coli, Klebsiella species, Enterobacter species, Proteus species, Citrobacter species, Serratia species, Morganella species, or Providentia species) with one of the following laboratory test results:

1. Molecular test (e.g., polymerase chain reaction [PCR]) specific for carbapenemase;
2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production;
3. For E. coli and Klebsiella species only: non-susceptible (intermediate or resistant) to ONE of the following carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL of the following third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime). Note: ignore ertapenem for this definition.

Consult with your microbiology laboratory regarding which CRE tests are available. For some laboratories, only #3 will be available.

https://www.xdro.org/reporting-rule.html
Purpose of the XDRO Registry

• Improve CRE surveillance

• Improve inter-facility communication
Unique CRE cases reported to XDRO registry by month of first clinical culture, 11/1/13 - 12/31/17 (N=3740)

Slide courtesy of Angela Tang.
Registry Expanded to Include
Pseudomonas Aeruginosa

Patients with VIM-producing Carbapenem-resistant Pseudomonas aeruginosa (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

VIM enzyme
- None
- Reported

Patients with IMP-producing Carbapenem-resistant Pseudomonas aeruginosa (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

IMP enzyme
- None
- Reported

Patients with KPC-producing Carbapenem-resistant Pseudomonas aeruginosa (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

KPC enzyme
- None
- Reported

https://www.cdc.gov/hai/organisms/pseudomonas/tracking.html
MEMORANDUM

TO: Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, Long Term Care Facilities, and Laboratories

FROM: Division of Patient Safety and Quality and Communicable Disease Control Section

DATE: January 24, 2018

SUBJECT: Increase in the number of *Candida auris* cases in the Chicago-metropolitan region
C. auris Cases (n = 83) — Illinois, May 2016–January 25, 2018

- **Confirmed**: Laboratory evidence of *C. auris* from clinical culture.
- **Probable**: Laboratory evidence of *C. haemulonii* from clinical culture & epidemiologic linkage to confirmed case.
- **Suspect**: Laboratory evidence of *C. haemulonii* from clinical culture & no epi link.
- **Screening**: Laboratory evidence of *C. auris* from screening or surveillance culture.

Slide courtesy of Angela Tang.
Illinois *C. auris* cases (n=283) by culture date, as of 6/28/18

- **Confirmed**: Laboratory evidence of *C. auris* from clinical culture.
- **Probable**: Laboratory evidence of *C. haemulonii* from clinical culture & epidemiologic linkage to confirmed case.
- **Suspect**: Laboratory evidence of *C. haemulonii* from clinical culture & no epi link.
- **Screening**: Laboratory evidence of *C. auris* from screening or surveillance culture.

Slide courtesy of Angela Tang.
Cases are categorized by the state where the specimen was collected. Most probable cases were identified when laboratories with current cases of *C. auris* reviewed past microbiology records for *C. auris*. Isolates were not available for confirmation. Early detection of *C. auris* is essential for containing its spread in healthcare facilities.

State Health Department Response

- Weekly State of the State calls
  - Participation from involved jurisdictions
  - Case count update
  - Point prevalence survey results
  - APIC Consulting update
    - Facility engagement/interaction
    - Infection Control Assessment and Response Status
  - Lab capacity and inventory update
    - Point prevalence surveys
    - Environmental cultures
- Action items for the week
Chicago PROTECT
(Providing Regional Organizations with TEchniques to ConTrol MDROs)

• An Intervention Bundle
  ▪ Uses data to predict high risk facilities
  ▪ Alerting system
  ▪ Targeted interventions
    o Point prevalence screening
    o Contact Precautions and cohorting
    o Chlorhexidine bathing
    o Healthcare worker education

• Measure control efforts over time

[Link to CDC website]
https://www.cdc.gov/hai/research/cdc-mdro-project.html
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**Coordinated Approach** *(Needed)*
- Public health departments track and alert health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.

https://www.cdc.gov/vitalsigns/stop-spread/index.html
To report CRE, please log-in through IDPH portal and access the XDRO registry under 'product application'

New users (who do not have access to the IDPH web portal): You must register for access to the IDPH web portal. Fill out the form to create a new username, and select the box to access the application “INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism).” This may take several weeks to process.

Users who have access to the IDPH web portal, but not the INEDSS/XDRO application: If you already have a username and access to the IDPH web portal, do not fill out a new registration form. Please have your facility Portal Registration Authority (PRA)* send an email to DPH.Security@illinois.gov requesting for you to have access to the additional application “INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism).” Make sure your PRA includes your full name and User ID.

Existing INEDSS users: Your existing IDPH log-in will automatically give you access to the XDRO registry. For log-in issues, please call the Central Management Services customer service center at 217-524-3648 or 312-814-3648.

* If you do not know the PRA for your facility, please Click here to find your PRA. If you still cannot find your PRA after scrolling through the list, please email DPH.Security@illinois.gov to find out who your PRA is.

The XDRO registry is a product of collaboration between IDPH, Medical Research Analytics and Informatics Alliance (MRAIA), and the Chicago CDC Prevention Epicenter.

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https://www.xdro.org/login.html
The Web Portal User agrees to:

1. Make true representation regarding information to be used in their profile for identification and authentication purposes.
2. Upon issuance of a Web Portal user account, the applicant as the user will review the associated profile to ensure that all user information is accurate.
3. Make use of the portal services solely for legal and authorized State and Public Health business, consistent with applicable local, state and federal laws, mandates and regulations.
4. Take reasonable precautions to prevent any compromise, modification, loss, disclosure, or unauthorized use of their user account and associated privileges.
5. Report any violations of this agreement to the Illinois Department of Public Health immediately.
6. Immediately inform the Portal Registration Authority or the IDPH Security Administrator (IA) of any suspected compromise of this user account.
7. Remove and follow changes and updates to policies by viewing the Web Portal portal on the web site.

The Web Portal User agrees to adhere to the Password Guidelines as follows:

1. Not easily guessed or no common words or phrases.
2. A combination of letters and numbers.
3. At least eight characters.
4. Changed at least every 90 days and whenever it is suspected someone knows the current password.
5. Unique within a 12-month period; passwords not reused or repeated.

The Web Portal User agrees to adhere to Confidentiality Requirements as follows:

1. The User shall secure their password to the Web Portal.
2. The User shall not use, divulge, or otherwise compromise the integrity of their user account and password.
3. To access the Web Portal only in the course of their other official duties as an employee of the facility.
4. To maintain confidentiality of all data, documents, memoranda and any other materials received from the Web Portal.
5. In the event the User needs to share materials obtained from the Web Portal with others, the User will only provide such materials to authorized employees at the facility, and the User will ensure those authorized employees agree to adhere to the requirements contained in this agreement.
6. That the information and materials the User may access at the Web Portal contains confidential and proprietary information of the Illinois Department of Public Health.
7. To not disclose orally, nor write, nor transmit, nor display, nor reproduce, nor distribute, nor otherwise divulge any information to any individual, organization or entity.
8. To not disclose any confidential information contained in or obtained from the Illinois Department of Public Health.
9. To follow the policies and procedures of the Illinois Department of Public Health.
10. If the User receives a request for information from the Web Portal, the User will notify the Department of Public Health immediately. A request for information includes a subpoena, court order, Freedom of Information Act request or a request from a researcher. Any issue whether information to be released shall be resolved by the Department.

The User agrees to Termination as follows:

1. Violation of this agreement or of the trust relationship with IDPH may result in IDPH terminating the User agreement and revoking User privileges.
2. The User acknowledges that a violation of this agreement will result in inappropriate harm and hereby accepts responsibility for their actions.
3. More severe consequences may also subject the User to penalties under state and federal law not limited to the Computer Crime Prevention Act (720 ILCS 5/14).
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<td>Genetic Counseling System</td>
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<td>Health Care Worker Background Check System (Fax any and all documentation regarding the NCVRB system to 630-262-3056 or email to dhb hvor <a href="mailto:prod@illinois.gov">prod@illinois.gov</a>)</td>
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<td>1-CARE/USPS (Web Services) HL7 File Transfer</td>
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<td>LNP/R Performance Indicators</td>
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<td>I-HM File Transfer</td>
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<tr>
<td>NURSING Screening Reports (enter IDPR or Professional License #)</td>
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<td>NURSING C/L Reporting System</td>
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<td>Portal Community (please specify the name in the Purpose for registration field above)</td>
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<td>Refugee Health Assessment Program in Illinois (HRAPC)</td>
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<td>Smoke Free (Smoke Enforcement System)</td>
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<td>Trauma/HSI Registry System</td>
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<td>Viral Hepatitis Virus System</td>
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<td>Other (please specify in the Purpose for registration field above)</td>
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## Portal Registration Authority List

Enter a keyword to search for your organization: **Glenview Terrace**

Note: if no keyword is entered, a large list of organizations will be retrieved which may take several minutes. If you can't find your organization, you can search ID and then select DPH / DPH SECURITY. DPH/ID Security is not a Portal Registration Authority (PRA). DPH Security will work with you to establish a PRA for your organization. Select a PRA from your organization: click on a name to select; click on the Close button after selection.

Enter a keyword to search within the table below:

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<tr>
<th>Organization</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Glenview Terrace Nursing Center</td>
<td>Bradley Bartels</td>
<td>847-822-4630</td>
</tr>
</tbody>
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### Please check the appropriate box(es) below to request access to restricted applications.

- [ ] Healthy Homes and Lead Poisoning Surveillance System
- [ ] I-Care/Immunization Registry (click here to select the Immunization's portal)
- [ ] I-Care/IPTP (Medicaid) IOT File Transfer
- [ ] I-Care/HTTPS (Web Services) IOT File Transfer
- [ ] DINEDES (Disease Surveillance) System/EDRIS registry (extensively drug resistant organisms)
- [ ] LHHS Performance Indicators
- [ ] Medicaid File Transfer
- [ ] Medicaid Scoring all reports (enter IDPR or Professional license #)
- [ ] Panoptical HIV Reporting System
- [ ] Portal Community (please specify in the Purpose for registration field above)
- [ ] Refuge Health Assessment Program in Illinois (RHAAP)
- [ ] Smoke-Free Illinois Enforcement System
- [ ] Trauma/HSU Registry System
- [ ] West Nile Virus System
- [ ] Other (please specify in the Purpose for registration field above)

PRA Email: *Please select from the Portal Registration Authority List.*

Submit  Cancel
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Please check the appropriate box(es) below to request access to restricted applications.

- Beach Monitoring System
- Blood Lead Billing System (MedSTAT)
- Cancer Registry System
- EMS Licensing System
- Environmental Health Licensing System
- Genetic Counseling System
- Health Care Worker Background Check System (Fax any and all documentation regarding the HCWBC system to 217-538-3828 or email to doh.hcwbc@illinois.gov)
- Healthy Homes and Lead Poisoning Surveillance System
- I-CARE/Immunization Registry [click here to select the I-CARE's email:]  
- I-CARE/EPFP (MedSTAT) HL7 File Transfer
- I-CARE/HTTP (Web Services) HL7 File Transfer
- INEDISS (Disease Surveillance) System/EDR registry (extensively drug resistant organisms)
- LHRG Performance Indicators
- Medstat File Transfer
- Newborn Screening Reporting (enter IDPR or Professional License #:)
- Perinatal HIV Reporting System
- Portal Community (please specify the name in the Purpose for registration field above)
- Refugee Health Assessment Program in Illinois (RHAPI)
- Smoke-Free Illinois Enforcement System
- Trauma/HSI Registry System
- West Nile Virus System
- Other (please specify in the Purpose for registration field above)
- PRA Email: select from the Portal Registration Authority list: bbortels@glenviewterrace.com

Submit  Cancel
User Sign-In

Source: https://www.xdro.org/XDRO_registry_webinar.pdf
CRE identified

Report

XDRO registry

Query

Patient admit
(Unknown CRE status)

Isolation Precautions
(Y/N)

Source: https://www.xdro.org/XDRO_registry_webinar.pdf
Source: https://www.xdro.org/XDRO_registry_webinar.pdf
## XDRO Report - Rush-presb-st Lukes Medical Center

### Patient information
- **Patient name:** J, J
- **MRN:** 1234567
- **Admission date:** 01/01/1993
- **Date of birth:** 01/01/1975
- **SSN (last 4):**
- **Race:** Other
- **Address:** 1234, Chicago, IL 12345

### XDRO culture information
- **Organism:** Klebsiella pneumoniae
- **Culture date:** 01/04/1993
- **XDRO criterion:** For E. coli and Klebsiella spp. only
- **Specimen source:** Blood
- **Mechanism of resistance:** KPC
- **Comments:** Submitted by Test1 Test, 10/11/2013, Rush-presb-st Lukes Medical Center

Source: [https://www.xdro.org/XDRO_registry_webinar.pdf](https://www.xdro.org/XDRO_registry_webinar.pdf)
Source: https://www.xdro.org/XDRO_registry_webinar.pdf
### Search Patient

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>SSN</th>
<th>Organism</th>
<th>Culture Date</th>
<th>Last Transaction</th>
<th>Facility</th>
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</table>

Disclaimer: A match on name and date of birth only may not be 100% accurate. We recommend that you verify XDRO status with the patient or by contacting the facility that entered the result.

Source: [https://www.xdro.org/XDRO_registry_webinar.pdf](https://www.xdro.org/XDRO_registry_webinar.pdf)
**XDRO Report - Rush-presb-st Lukes Medical Center**

**Patient information**

- **Patient name:** J, J
- **Date of birth:** 10/10/1999
- **Address:** 2200, Chicago, IL 60612
- **MRN:**
- **Admission date:** 10/10/2012
- **Race:** Black/African American
- **SSN (last 4):**

**XDRO culture information**

- **Organism:** Other Enterobacteriaceae
- **XDRO criterion:**
- **Mechanism of resistance:**
- **Culture date:** 10/10/2012
- **Specimen source:** Blood
- **Comments:**

Submitted by Vicky G, 10/10/2013, Rush-presb-st Lukes Medical Center

Source: [https://www.xdro.org/XDRO_registry_webinar.pdf](https://www.xdro.org/XDRO_registry_webinar.pdf)
So, how is all of this relevant to long term care facilities?
Knowledge is Key to Interrupting Transmission

• Routine query of the Registry for each admission
  – Can plan for resident placement ahead of time
  – Doesn’t rely on communication from the transferring facility
  – Allows for timely initiation of precautions
  – May result in fewer resident room changes

• Can assist if cohorting is necessary
  – Identifies the mechanisms of resistance
Who Should Have Access?

- Admissions coordinators
- DON and/or ADON
- Infection preventionist
- Others involved in the admission process
Ignorance is not bliss
vSNF A Ventilator/Trach Floor
March 2017 C. auris PPS Results

C. auris colonization prevalence=1.5% (1/69)

- C. auris positive
- Screened negative for C. auris
- Not tested for C. auris (refused or not in room)

Slide courtesy of Chicago Department of Public Health.
vSNF A Ventilator/Trach Floor
January 2018 C. auris PPS Results

C. auris colonization prevalence=43% (29/67)

- C. auris positive
- Screened negative for C. auris
- Not tested for C. auris (refused or not in room)

Slide courtesy of Chicago Department of Public Health.
vSNF A Ventilator/Trach Floor
January 2018 CPO and *C. auris* PPS Results

*C. auris* and CPO colonization

- **C. auris**
- **C. auris** and KPC
- KPC or CRE with unknown mechanism of resistance
- **C. auris**, KPC, and NDM
- **C. auris**, VIM-CRPA, and KPC
- **C. auris** and KPC-CRPA
- Screened negative for *C. auris*, but not tested for CRE
- Screened negative for CRE and *C. auris*

Slide courtesy of Chicago Department of Public Health.
vSNF A Ventilator/Trach Floor
March 2018 CPO and C. auris PPS Results

- C. auris
- C. auris and KPC CRE
- KPC CRE or CRE with unknown mechanism of resistance
- C. auris, KPC, and NDM
- C. auris, VIM-CRPA, and KPC
- C. auris and KPC-CRPA
- VIM-CRPA and KPC

No known CRE or C. auris
Bed held for hospitalized resident?

Slide courtesy of Chicago Department of Public Health.
Public health teams nationwide can launch early, aggressive responses to contain spread and protect people—at the first sign of antibiotic resistance, every time.

Find guidance, lab protocols, and more resources: [www.cdc.gov/HAI/Outbreaks/MDRO](http://www.cdc.gov/HAI/Outbreaks/MDRO)

SOURCE: AR Investment Map: [www.cdc.gov/ARinvestments](http://www.cdc.gov/ARinvestments)
Conclusions

• Confirm that identified cases are reported
• Build a bench of team players who have XDRO Registry access
• Hardwire the process of checking the XDRO Registry with each admission
• Use the XDRO Registry to help inform resident placement
• Ensure environmental cleaning/disinfection and hand hygiene basics are implemented
Discussion and Questions

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